



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES**  
**DIVISION OF ENVIRONMENTAL HEALTH**  
**CHILD CARE FACILITY**  
**INSPECTION REPORT**

<b>REASON</b>	<b>GRADE</b>	<b>Inspection Date:</b>	<b>ESTABLISHMENT NAME:</b>	
Regular <input checked="" type="checkbox"/>	10	11/21/17	ABL CHILDREN'S CENTER	
Follow-Up <input type="checkbox"/>		<b>Time In/Out:</b>	<b>OWNER/OPERATOR:</b>	
Complaint <input type="checkbox"/>		10:00am 11:00am	TAMONDONG, LEONARDO/SABINA	
Investigation <input type="checkbox"/>	<b>RATING</b>	<b>Sanitary Permit No.:</b>	<b>LOCATION:</b>	<b>Establishment Type:</b>
Other: <input type="checkbox"/>	A	20000170000650	DREDDO	CCL NURSERY
<b>PERMIT STATUS:</b> <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired				
<b>No. of Children:</b> 45 Male 20 Female 25 Total			<b>Child Care License:</b> No. 17015914 Valid / / Provisional / / Expired	

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

ITEM*	REMARKS	DEMERIT	CORRECT BY
	A REGULAR INSPECTION WAS CONDUCTED. PREVIOUS INSPECTION CONDUCTED <del>ON</del> ON 7/17/17 (O/A).		
	THE FOLLOWING WAS OBSERVED:		
#17	CRACKED TILES ON FLOOR OF ROOM #4. ALL FLOORS SHALL BE KEPT IN GOOD REPAIR TO PREVENT POTENTIAL PHYSICAL HAZARDS	2	12/21/17
#21	NO HOT WATER PROVIDED FOR HANDWASH SINK IN ROOM #4. HOT WATER SHALL BE PROVIDED TO PROMOTE PROPER HANDWASH HYGIENE.	6	12/1/17
#29	NO FLOOR DRAIN COVER FOR RESTROOM NEAR OFFICE. ALL OUTER OPENINGS SHALL BE PROPERLY COVERED TO PREVENT VECTORS FROM ENTERING	2	12/21/17
	A" PLACARD No. 02388 ISSUED		
	BRIEFED PIC SHARON CERIA ON ABOVE		

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

\*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:  
 (2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title):

DEH Inspector (Name & Title):

J. CAU2 (PHO) 360-9571